

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 208
Registered No. _____

1. PLACE OF BIRTH

County Gila State Ariz.
Township _____ or Village Rice
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Douglas Dewey

If child is not yet named, make supplemental report, as directed

| | | | | | |
|--|--------------------|---|---|---------------------------|--|
| 3. Sex <u>Male</u> | If plural births { | 4. Twin, triplet, or other. _____ | 6. Premature _____ | 7. Legitimate? <u>Yes</u> | 8. Date of birth <u>6-26-30</u> , 19____ (Month, day, year) |
| 9. Full name <u>Jack Dewey</u> | FATHER | | 18. Full maiden name <u>Mary Early</u> | | |
| 10. Residence (usual place of abode) <u>San Carlos</u> (If nonresident, give place and State) <u>Ariz.</u> | | | 19. Residence (usual place of abode) <u>San Carlos</u> (If nonresident, give place and State) <u>Ariz.</u> | | |
| 11. Color or race <u>4/4 Apache Indian</u> | | 12. Age at last birthday <u>?</u> (Years) | 20. Color or race <u>4/4 Apache Indian</u> | | 21. Age at last birthday <u>?</u> (Years) |
| 13. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz.</u> | | | 22. Birthplace (city or place) <u>San Carlos</u> (State or country) <u>Ariz.</u> | | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Common Laborer</u> | | | 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> | | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____ | | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ | | |
| 16. Date (month and year) last engaged in this work _____, 19____ | | | 25. Date (month and year) last engaged in this work _____, 19____ | | |
| 17. Total time (years) spent in this work _____ | | | 26. Total time (years) spent in this work _____ | | |

| | | |
|---|-------------------------------|--|
| 27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>4</u> (c) Stillborn _____ | | |
| 28. If stillborn, period of gestation _____ months or weeks | 29. Cause of stillbirth _____ | |
| Before labor _____ | | |
| During labor _____ | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2:10 P. m. on the date above stated
(Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report _____
(Date of) _____

(Signed) G. Long, M. D.

or _____, Midwife

Address Pres, Ariz

Filed 6/27, 1930 G. Long
Registrar.

Registrar.

448-626-458